National Commission for Certifying Agencies

Standards for the

Accreditation of Certification Programs

Copyright © 2014. Institute for Credentialing Excellence. All Rights Reserved.

Approved February 2002

Revised September 2004

Revised November 2006 (editorial only)

Revised December 2007 (editorial only)

Revised January 2010 (editorial only)

Revised November 2014

Revised December 2018 (editorial only)

Revised January 2021

Table of Contents

[INTRODUCTION 2](#_Toc62730483)

[Standard 1: Purpose 6](#_Toc62730484)

[Standard 2: Governance and Autonomy 7](#_Toc62730485)

[Standard 3: Education, Training, and Certification 9](#_Toc62730486)

[Standard 4: Financial Resources 10](#_Toc62730487)

[Standard 5: Human Resources 10](#_Toc62730488)

[Standard 6: Information for Candidates 11](#_Toc62730489)

[Standard 7: Program Policies 12](#_Toc62730490)

[Standard 8: Awarding of Certification 13](#_Toc62730491)

[Standard 9: Records Retention and Management Policies 14](#_Toc62730492)

[Standard 10: Confidentiality 15](#_Toc62730493)

[Standard 11: Conflict of Interest 16](#_Toc62730494)

[Standard 12: Security 17](#_Toc62730495)

[Standard 13: Panel Composition 17](#_Toc62730496)

[Standard 14: Job Analysis 18](#_Toc62730497)

[Standard 15: Examination Specifications 20](#_Toc62730498)

[Standard 16: Examination Content Development 21](#_Toc62730499)

[**Standard 17: Setting and Maintaining Passing Standards** 23](#_Toc62730500)

[Standard 18: Examination Administration 24](#_Toc62730501)

[Standard 19: Score Reporting 26](#_Toc62730502)

[Standard 20: Evaluation of Items and Examinations 27](#_Toc62730503)

[Standard 21: Maintenance of Certification 28](#_Toc62730504)

[Standard 22: Quality Assurance 30](#_Toc62730505)

[Standard 23: Maintaining Accreditation 32](#_Toc62730506)

[Glossary 33](#_Toc62730507)

# INTRODUCTION

In 1977, a Congressional mandate under President Jimmy Carter called for the creation of the National Commission for Health Certifying Agencies (NCHCA). Federally funded by a grant from the Department of Health, Education, and Welfare (now the Department of Health and Human Services), NCHCA was established to develop standards for quality certification programs in the allied health fields and to accredit programs that met those standards.

In 1987, NCHCA was restructured and expanded to include accreditation of certification programs for all professions. As part of the restructure, NCHCA became the National Organization for Competency Assurance (NOCA) under which National Commission for Certifying Agencies (NCCA) was formed. NOCA was structured as a membership association for certification organizations providing technical and educational services concerning certification practices. NCCA was structured as the accreditation body, developing accreditation standards and granting accreditation to certification programs that met these standards.

In 2009, the NOCA Board of Directors moved to change to a new name and became the Institute for Credentialing Excellence (ICE). NCCA’s structure and role remained the same as the certification program accreditation body of ICE.

Accreditation is both a process and a status. The NCCA’s accreditation process uses peer review to evaluate a certification program’s compliance with these standards, recognizes programs which demonstrate compliance, and serves as a resource on certification quality. NCCA *Standards* address the structure and governance of the certifying agency, the characteristics of the certification program, the information required to be available to applicants, certificants, and the public, and the recertification initiatives of the certifying agency. The NCCA's *Standards for the Accreditation of Certification Programs* used as a foundation the *Standards for Educational and Psychological Testing*, promulgated by the American Psychological Association, American Educational Research Association, and the National Council on Measurement in Education. The guidelines of the US Equal Employment Opportunity Commission were used as a foundation also.

As a status, NCCA’s accreditation recognizes and provides public notification that the certifying program is committed to self-study and external review by one’s peers, meets *Standards*, and seeks continuous improvement to maintain the quality of examination and certification of its constituent professionals. Upon achieving accreditation, it is essential that the certifying program embrace transparency and accountability to its stakeholders, certificants, and public through communications that are publicly available and readily accessible.

**REVISIONS OF *THE* *STANDARDS***

Since the 1970s when the *Standards* were first issued, NCCA has observed fundamental changes in the nature, scope, and importance of certification:

* First, the certification community has significantly expanded to include a broader diversity of occupational and professional credentials offered by non-profit organizations, for-profit entities, governmental agencies, and industries.
* Second, it is increasingly common for an organization to offer multiple certification programs.
* Third, the certification community has expanded internationally.
* Fourth, the certification and testing communities use computer technology to develop examination items and new examination formats, administer the examinations, and score and scale them with new methodologies.
* Fifth, an increasing number of certification programs are recognized by state and provincial regulatory authorities, a practice that expands the traditional definition of certification.
* Sixth, increased interest by professions for greater ease of mobility across jurisdictions, and greater access by the public for the services provided by the professions.

**1997**

Upholding its mandate to serve and protect the public and stakeholders by maintaining accreditation standards for certification programs and to address fundamental changes in certification, NCCA implemented continuous improvement processes to review and revise its accreditation *Standards*. In 1997, NCCA initiated efforts to revise the accreditation *Standards*. After the proposed *Standards* were made available for public comment, the revised *Standards* were presented in 2002 to the organizations whose programs were accredited by the NCCA for ratification and approval.

**2013-2014**

As part of its continuous process of quality improvement, NCCA initiated another review and update of the *Standards* in 2013. A Steering Committee and three Task Forces were established for this purpose. In addition to determining that the *Standards* retained their currency and relevance, another purpose was to add clarity, particularly as change in the certification industry has created greater complexity. As a result, several standards were added or expanded and require additional evidence to demonstrate compliance. These additions reflect practices, policies, and procedures that accredited programs should have had in place previously and therefore, are **not** intended to increase the difficulty of attaining accreditation. Rather, by adding clarity, NCCA anticipates that organizations will better understand expectations of certification program quality.

The proposed *Standards* were submitted for public comment On September 6, 2014. The *Standards* were presented to the NCCA accredited agencies for vote on October 24, 2014 and approved on November 26, 2014.

The revised *Standards* retain their focus on certification programs and continue to be organized into five sections: (1) Purpose, Governance, and Resources, (2) Responsibilities to Stakeholders, (3) Assessment Instruments, (4) Recertification, and (5) Maintaining Accreditation.

To earn or maintain accreditation by NCCA, the certification program must meet *each* Standard and provide evidence of compliance through the submission of required documentation. Accompanying each Standard are ***Essential Elements***, which are directly related to the Standard and specify what a certification program must do to fulfill requirements of the Standard.

The Essential Elements are accompanied by ***Commentary****.* The Commentary sections clarify terms, provide examples of practice that help explain a Standard, or offer suggestions regarding evidence that may be provided to demonstrate compliance. NCCA reserves the right to revise the Commentary sections to provide further clarity and guidance as might be needed. A **Glossary** of terms has been updated to define and describe terms within the document with the related purpose of enhancing clarity.

The 2013-2014 revision process was guided by the following tenets:

1. The *Standards* must embody the fundamentals required for protection of the public.
2. Many different types of credentialing programs will seek NCCA accreditation. The *Standards* and the terminology used must be adaptable to a wide variety of programs in order to achieve NCCA’s public service mission.
3. The *Standards* must present requirements that are still valuable and relevant to the mission of NCCA accreditation.
4. The documentation required for accreditation must be explicit and minimize redundancy and repetition.

The *Standards* must be consistent, relevant, and distinctive, and reflect current practice.

**2019-2021**

The intent of the 2019-2021 revision is to provide clarification, eliminate redundancies, and increase efficiency for both applicants and Commission members. Revisions were also made to address challenges that have arisen in applying the Standards since the prior revision. The opportunity to reorganize some elements within the current Standards resulted in a reduction of the total from 24 to 23.

In accordance with ICE’s *Standards Development Policy*, an open call was issued for interested participants and a 15-member Main Committee was formed.  The Main Committee was charged with drafting initial revisions, reviewing public comment, and voting to accept the revised *Standards.* A Technical Advisory Group (TAG) was also formed to provide initial feedback to the Main Committee on their work. The proposed *Standards* were submitted for public comment on January 29, 2021.  The Main Committee voted to approve the revised Standards on TBD.

The revised *Standards* retain their focus on certification programs and continue to be organized into five sections: (1) Purpose, Governance, and Resources, (2) Responsibilities to Stakeholders, (3) Assessment Instruments, (4) Recertification, and (5) Maintaining Accreditation.

To earn or maintain accreditation by NCCA, the certification program must meet *each* Standard and provide evidence of compliance through the submission of required documentation. Accompanying each Standard are ***Essential Elements***, which are directly related to the Standard and specify what a certification program must do to fulfill requirements of the Standard.

The Essential Elements are accompanied by ***Commentary***. The ***Commentary*** sections are considered part of the Standards.  The Commentary sections clarify terms, provide examples of practice that help explain a Standard, or offer suggestions regarding evidence that may be provided to demonstrate compliance. NCCA may base accreditation decisions on findings of noncompliance with the Standards, the Essential Elements, and as further elaborated in the Commentary.  The Commentary should not be construed as an exhaustive interpretation of the Standards or Essential Elements, however, and NCCA reserves the right to revise the Commentary sections to provide further clarity and guidance as might be needed. The Glossary of Terms has been replaced by a link to the *Basic guide to credentialing terminology* (2nd Edition*,*I.C.E. 2020). There are three instances in the standards in which certain terminology is noted:

1. In the *Basic guide to credentialing terminology (2nd Edition, I.C.E. 2020)*, the definition for Publicly Available is "Easily available and accessible, with or without request". The expectation for NCCA accreditation is that certifying programs should be transparent and accountable to potential stakeholders. Therefore, wherever the term “publicly available” appears, as a rule it should be interpreted as “available without request,” or if a request is necessary, the certification program should explain why a request is necessary.
2. The definitions for the words credential and designation are included in Commentary 2 of Standard 1.
3. An explanation of differential item functioning, not included in the Basic Guide, is included in Commentary 4 of Standard 20.

The 2019-2021 revision process was guided by the following tenets:

1. The *Standards* must embody the fundamentals required for protection of the public.
2. Many different types of credentialing programs will seek NCCA accreditation.  The *Standards* and the terminology used must be adaptable to a wide variety of programs in order to achieve NCCA’s public service mission.
3. The *Standards* must present requirements that are still valuable and relevant to the mission of NCCA accreditation.
4. The documentation required for accreditation must be explicit and minimize redundancy and repetition.

The *Standards* must be consistent, relevant, and distinctive, and reflect current practice.

# Standard 1: Purpose

**The purpose of the certification program must be to recognize each individual who meets established criteria. These criteria must uphold standards for practice in a profession, occupation, role, or specialty area.**

***Essential Elements:***

The certification program must make the following information publicly available:

1. A description of the population(s) being certified;
2. The purpose and requirements of the certification program;
3. The credential, designation, and/or mark issued to certificants; however, if the program does not issue a designation or offers a designation that does not align with the credential that was awarded, a rationale must be provided that adequately addresses concerns about the potential for stakeholder misunderstanding or misuse.

***Commentary:***

1. Certification can be offered for a specific profession, occupation, role, or specialty area across multiple disciplines. The program should specify the target population(s) for certification as well as the scope and purpose of the certification program. The scope should identify the level of experience for the targeted practitioner.
2. A designation that does not align with the credential that was awarded may be characterized by differences in requirements for the credential, such as eligibility, examination content, or examination weights. In such cases, an explanation of those differences and a mechanism to identify variations among certificants should be publicly available. Note that for purposes of the *NCCA Standards*, a **credential** is defined as a “formal recognition awarded to an individual who has met predetermined standards and maintains any renewal requirements” and **designation** is defined as: “An indication of a credential that an individual holds, which could be a specific title, letters, or acronyms before or after an individual’s name…a credential may or may not be accompanied by a formal or distinct designation.”
3. 3. The Basic guide to credentialing terminology (2nd Edition, I.C.E. 2020) defines Publicly Available as "Easily available and accessible, with or without request." However, to achieve NCCA accreditation, certifying programs are expected to embrace transparency and accountability to all potential stakeholders. Therefore, wherever the term “publicly available” appears, as a rule it should be interpreted as “available without request.” If any information identified as “publicly available” in these Standards is only available upon request, the certification program should explain why a request is necessary.
4. Suggested evidence to document that the Standard has been met includes a mission statement, bylaws, candidate handbook, policy and procedures document, and other publicly available documents.

# Standard 2: Governance and Autonomy

**The certification program must be structured and governed in ways that are appropriate and effective for the profession, occupation, role, or specialty area; that ensure stakeholder representation; and that ensure autonomy in decision-making over all essential certification activities.**

***Essential Elements:***

1. The certification program must have established policies and procedures showing that the governance structure and the process for selection and removal of certification board members protects against undue influence that could compromise the integrity of the certification process.
2. The certification organization must identify its status as a legal entity (or part of a legal entity) and demonstrate that the certification board has autonomy in decision-making for all essential certification policies and activities.

1. The composition of the certification board must include individuals from the certified population and may include other appropriate stakeholder groups. The certification program must identify its stakeholders and provide an ongoing mechanism to solicit their input.

1. The certification board must include at least one member, with voting rights, that represents the public or non-employer consumer interest. The certification program must document how the public interest is routinely represented and protected.

1. The certification program must demonstrate that members of the certification board do not have a conflict of interest in their overall capacity to serve that could compromise the integrity of the certification program.

***Commentary:***

1. The appropriate structure and governance of a certification program should reflect the interests of the general public in the availability and implementation of the credential. In traditional forms of professional or occupational certification, the public interest requires direct protection of essential certification decisions from undue influence. Such protection is especially important when a certification program is sponsored by a professional membership association or proprietary entity. The certification program may be a stand-alone legal entity or part of an existing legal entity. The authority of the certification board or governing body should be clearly defined in governing or legal documents. The tax status of the legal entity should be documented.
2. Essential certification decisions refer to the core aspects of a certification program, such as eligibility standards; standards for initial certification and maintaining certification; disciplinary determinations; the development, administration, and scoring of examinations; and the selection of subject-matter experts (SMEs).
3. Decisions that are NOT considered essential include those decisions related to employee selection, office location, marketing and communications efforts, and final budget or contract approval as long as sufficient financial resources are provided for the certification program and policies and procedures are in place to provide for autonomy in essential certification decisions.
4. A plan to rotate members on and off the certification board should be implemented to ensure a balance of stakeholder input and to prevent undue influence on certification board decisions.
5. Undue influence may result from pressures that diminish or negate the ability of the governing body to act freely on behalf of the interests of the certification program. Undue influence may also be caused by a lack of balanced representation on the certification board. Examples of undue influence can include long-serving board members, pressure from a parent organization or outside entity to modify certification standards, limiting the number of certificants, or either reducing or elevating the established standard or requirements. Appointment of a significant number of certification board members by a parent organization or related entity may be considered to constitute undue influence. The certifying organization must explain how selection of the certification board, whether by appointment, election, or nomination, protects the certification board from undue influence.
6. Each certification program has its own set of stakeholder groups that have an interest in the quality, governance, and operation of the certification program. Certificants are a stakeholder group for all certification programs. The public is a stakeholder group for all certification programs whose certificants provide goods or services to the public.
7. When a certification program involves unique factors, these issues may be taken into account when determining the certification program’s stakeholder groups. These factors may include such things as a proprietary product or service, sensitive intellectual property issues, or issues related to national security. The certification program may limit involvement by some stakeholder groups in such cases. In such situations the certification program must develop and document alternate means for collecting and considering appropriate stakeholder input and perspective.
8. A public or consumer member’s role is to bring a perspective to the decision-making of the certification program that is broader than the certificants’ and to help balance the certification program’s role in protecting the public while advancing the interests of the certificants. Effective public or consumer members also represent the public’s, consumer’s, or user’s perspective and interest; bring new ideas and goals to the certification board to ensure the public’s interest is valued; contribute an unbiased perspective; encourage consumer-oriented positions; and bring additional public accountability and responsiveness. The public member’s regular involvement in board actions and decisions should be documented.
9. The public or consumer member preferably should be a consumer or potential consumer of the certificants’ skills or services. Because the certification program may serve various public groups and/or interests, a rotating system may be established to ensure that these interests are fairly represented by the public or consumer member role over time. The public or consumer should **NOT** be any of the following:
	* + a current or previous member of the profession, occupation, role, or specialty area encompassed by the certification program;
		+ a supervisor, manager, direct co-worker, employee, or subordinate of individuals in the profession encompassed by the certification program;
		+ an employee of an individual certified by the certification program or of an employer of individuals in the profession encompassed by the certification program; or
		+ a person who currently receives or within the last five years has received income from the profession encompassed by the certification program.
10. Suggested evidence to document that the Standard has been met may include a mission statement, bylaws, articles of incorporation, business plans, policy and procedures document, governing committee charter, certification board roster, or organizational chart.

# Standard 3: Education, Training, and Certification

**Appropriate separation must exist between certification and any education or training functions to avoid conflicts of interest and to protect the integrity of the certification program.**

***Essential Elements:***

1. Clearly delineated policies and procedures, with defined roles and responsibilities, must demonstrate that all functions performed by the certification board, its certification staff, certification committee members, and all subject-matter experts (SMEs) are impartial related to education/training leading to initial certification.
2. If the certification organization or a related entity offers examination review courses or materials to prepare for the certification examination, or education/training that meets the eligibility criteria, it must meet all of the following requirements.
	* + The organization or related entity must not state or imply that the examination review courses and/or preparatory materials are the best or only means for preparing adequately for the certification examination.
		+ There must be no advantage given to candidates who participate in examination review courses or education/training that meets the eligibility criteria.
		+ The purchase of these courses and materials must be optional.
		+ The certification organization or related entity must not state or imply that its education or training programs are the only or preferred route to certification.

***Commentary:***

1. If education and/or training is a prerequisite for taking the certification examination, the certification program should ensure the impartiality of its process to identify acceptable accrediting bodies. The program may require accreditation from governmental regulators or industry agencies. If the certification program recognizes education or training from a related professional organization, appropriate policies that maintain separation between certification and education should be documented.
2. A certification board, its members, certification staff, and volunteers who have access to examination content should not be involved in the creation, accreditation, approval, endorsement, or delivery of examination review courses, preparatory materials, or training programs designed to prepare for the certification examination. Appropriate firewalls should be in place to avoid an appearance of a conflict of interest. It may be appropriate for faculty from an educational program that leads to certification eligibility to participate in examination-related activities, provided that this participation does not expose examination content inappropriately. Participation depends on the panel and the extent of overlap of the coursework and the examination content. Certification organizations should have policies and procedures that provide a rationale for the extent of content overlap and whether it constitutes a conflict. In addition, a certification board can determine what education (if any) is required for initial certification, and what continuing education (if any) is required for recertification.
3. The certification organization may offer sample items, a practice examination and a bibliography of textbooks and other references to help candidates prepare for certification, but the practice examination cannot be required or endorsed as a preferred method of preparation for the certification examination.
4. Suggested evidence to document that the Standard has been met includes an organizational chart (clearly showing certification staff and roles, certification board, education staff, and a parent organization board of directors, if applicable), conflict of interest statements, and publicly available documents describing the relationship between training and certification.

# Standard 4: Financial Resources

**The certification organization must have sufficient financial resources to conduct ongoing, effective and sustainable certification and recertification activities.**

***Essential Elements:***

1. The certification program’s financial reports must demonstrate adequate resources available to support ongoing certification and recertification activities.
2. For programs that are not independently financially viable and are supported by another entity, written agreements with that entity and documentation of financial viability of that supporting entity must be included with the application.

***Commentary:***

1. Evidence should include two years of certification-related financial statements (e.g., balance sheets, income statements, and any tax filings). Statements are not required to be audited.
2. If in existence less than two years, the certification program should provide available financial statements and projections of likely revenues and expenses based on a reasonable, good-faith estimate for the next two years.

# Standard 5: Human Resources

**The certification organization must engage qualified personnel to conduct all certification program activities.**

***Essential Elements:***

1. The certification program must identify primary personnel responsible for conducting certification activities (e.g., staff, consultants, psychometricians, vendors) along with their roles and qualifications for those certification activities.
2. The certification program must demonstrate appropriate oversight and monitoring of personnel performing certification activities.

***Commentary:***

1. The certification program should have sufficient human resources to conduct certification activities. These activities could be adequately handled with services from a testing company, consultants, or a management service.
2. Suggested evidence to document that the Standard has been met include staff job descriptions, lists of volunteers (non-subject-matter experts) and their qualifications, curriculum vitae or biographies, policies and procedures related to oversight and monitoring of staff, organizational charts, and lists of contracted vendors.

# Standard 6: Information for Candidates

**The certification program must make certification information that concerns existing and prospective certificants publicly available.**

***Essential Elements:***

The certification program must make the following information publicly available:

1. Materials outlining all processes and procedures regarding application and eligibility;
2. A description of the examination used to make certification decisions;
3. Descriptions of examination processes for each mode of examination delivery;
4. Procedures for candidates requesting a testing accommodation;
5. A nondiscrimination and fairness policy;
6. A retesting policy;
7. Policies related to disciplinary actions, reconsideration of adverse certification decisions, and appeals; and
8. Annual reports of the total number of candidates examined, pass/fail statistics, and the number of individuals currently certified for each program.

***Commentary:***

1. “Examination” may refer to a single examination, multiple methods of assessment, or more than one examination.
2. The description of the examination should include a detailed listing and/or outline of the content domains and weightings. Other information should include examination format and time allowed.
3. Policies related to fairness should describe adequate protection against discrimination in access to certification under all applicable jurisdictional laws and regulations.
4. The procedures through which candidates request accommodations should be written and published, with clear directions concerning the submission of documentation supporting the request.
5. Adverse certification decisions include but are not limited to disciplinary actions, or denial of eligibility or recertification.
6. Processes associated with review of candidate applications should be described. For example, if coursework is required, how the successful completion of the course is verified should be described. If work product submissions are required, the review process and criteria for evaluation should be provided.
7. Rules and sanctions related to examination administration that contribute to maintaining intellectual property and examination security should be publicly available.
8. Suggested evidence to document that the Standard has been met includes a policy and procedures manual, a candidate handbook, website links, annual reports to stakeholders, or other publicly available documents or forms.

# Standard 7: Program Policies

**The certification program must establish, enforce, and periodically review certification policies and procedures related to certification and challenges to certification decisions.**

***Essential Elements:***

1. A certification program must enforce and periodically review policies and procedures for determining applicant, candidate and certificant compliance with established certification requirements.
2. In establishing the eligibility criteria for taking the certification examination, the certification organization must provide a qualitative and/or quantitative rationale for all eligibility criteria.
3. Program requirements must be fair, inclusive, and accessible to potential candidates.
4. The rationale for the retesting policy must be provided. The rationale must address number of retakes allowed, period between retakes, and extent of the exposure of examination content.
5. The process for reviewing requests for accommodation must follow all applicable jurisdictional laws and regulations.
6. Information must be available to interested parties for all requirements to obtain and maintain certification. The process to request reconsideration of an adverse decision must be made available to applicants, candidates, and certificants affected by the decision.

***Commentary:***

1. Programs should provide documentation about how candidate policies are established and reviewed.
2. Prerequisites may be used to set a minimum requirement to be eligible for certification. There should be a clear explanation, along with relevant data if available, as to why the requirements (e.g. educational, experiential, and/or holding another credential) were established.
3. Policies and procedures used by the certification program to judge candidates’ compliance with each certification eligibility requirement should be documented. Acceptable forms of verification may include an attestation on an application form, submission of transcripts or other verification by the applicant, auditing of applicant information, and direct verification conducted by the certification program. The methods and procedures selected should reflect the potential risk to the program if the candidate has not accurately reported their compliance with the eligibility criteria. The certification program policy should include both the verification procedures used and the rationale for the selected procedures.
4. Policies and procedures restricting access to certification, which include the requirement of membership in an association, exclusion of nonmembers, required purchases of other products or services, differential pricing for members, or other potentially anticompetitive conduct, will be carefully reviewed for justification and reasonableness. However, it is permissible for a certificant to be granted membership in a membership organization by virtue of receiving and maintaining the certification.
5. Maintaining certification includes abiding by standards of practice, code of ethics, or other certification policies. Policies for filing and handling complaints, taking disciplinary actions, and allowing reconsideration or appeal of adverse certification decisions should be included. The appeal process for adverse decisions should be appropriate and promote fairness to the applicant, candidate, or certificant.
6. Retesting policies may apply to candidates who have failed the examination or unforeseen interruptions in examination administrations.
7. Procedures for requesting accommodations for candidates with a disability should be stated clearly and be publicly available.

The procedures should include mechanisms that will ensure that proper evidence is submitted to the program to assist it in making a determination regarding the requested accommodation.

Any accommodation provided should be reasonable and not compromise the fundamental nature of assessment or the validity of the certification decision. Certification programs should not reveal on score reports or certificates that any accommodation was provided during the administration of the examination.

Examples of applicable laws and regulations include the Americans with Disabilities Act for organizations operating in the United States and American entities operating outside of the United States, nondiscrimination laws, antitrust laws, applicable laws that govern the industry or profession, and other relevant provisions.

1. Suggested evidence to document that the Standard has been met may include policies and procedures, forms, meeting minutes, a candidate handbook, and the organization website.

## Standard 8: Awarding of Certification

**The certification program must award certification only after the knowledge and/or skill of the individual candidate has been evaluated and determined to be acceptable.**

***Essential Elements:***

1. If any current certificants were granted certification without having to meet the examination requirements established for certification, a rationale must be provided to explain how the knowledge and/or skill of those individuals was evaluated and found sufficient. Any procedure for granting a credential in the absence of evaluating the knowledge and/or skill of an individual by a program’s examination is not permitted once the program has applied for accreditation.
2. An accredited program may grant reciprocal certification to individuals who hold a similar certification from another certifying organization. In this situation, the program must demonstrate comparability of content coverage and examinations results, as well as evidence of comparability of certification and recertification requirements and policies.
3. If a certifying body issues a trademark, service mark, designation, or certification mark (“mark”) to recognize achievement of a particular credential, the certifying body must have in place policies to ensure appropriate use of any such designation.

***Commentary:***

1. It is common practice for only those subject matter experts who developed the initial examination form to be granted the credential without meeting examination requirements.
2. Granting reciprocal certification presupposes that both certifying organizations agree to the terms of reciprocity. Accreditation of the reciprocal program provides evidence of comparability, but accreditation alone is not sufficient. If both programs continue to operate and offer reciprocity, ongoing comparability should be maintained.
3. In some cases, a certification program may be discontinued. An accredited certification program may allow certificants from the discontinued program to recertify when comparability has been demonstrated as outlined.
4. Only individuals who have been granted the certification and appropriately maintained the certification may use the designation or mark. Use of the designation or mark may only be made consistent with the scope for which the certification was granted and all applicable use policies of the certifying body, and not in a misleading or fraudulent manner. The certifying body’s policies should provide that it shall take all appropriate steps including legal or other action, such as requiring discontinuation of use of the designations or marks or suspension or revocation of the certification, to protect its rights in the designations or marks from unauthorized use.

# Standard 9: Records Retention and Management Policies

**The certification program must have** **a records management and retention policy for all certification-related records.**

***Essential Elements:***

1. Programs must maintain records of applicants, candidates, current certificants, and previous certificants for the period of time appropriate for the legal environment applicable to the certifying program. At a minimum, programs must verify the names of current certificantsand certificate numbers (if applicable) as requested.
2. The policy must indicate the length of time records are retained for certificant information, personal information, and examination results.
3. The policy must indicate the length of time records of examination data and reports required to provide evidence of validity and reliability are retained.
4. The policy must be consistent with any applicable laws or agreements for retention, disposal, and destruction of documents.

***Commentary:***

1. It is generally advised, but not required, that current certificants be listed in a publicly available directory.
2. Unless there are extenuating circumstances, such as national security, upon request from any member of the public, the certification program should provide and verify that a certificant possesses currently valid certification. Policies governing verification should allow disclosure of whether the certificant is currently in good standing, without communicating other information that may violate the confidentiality rights of certificants. However, it is permissible for programs to allow certificants to opt out of public listings for various reasons (e.g., security, employer concerns).

# Standard 10: Confidentiality

**The certification program must have policies and procedures that cover all personnel involved in the certification program for the access, maintenance, and release of privileged and confidential examination and candidate information.**

***Essential Elements:***

1. Signed confidentiality or nondisclosure agreements from all personnel (including staff, certification board members, proctors, examiners, consultants and vendors, subject-matter experts (SMEs), and applicants/certificants) involved in the certification program must be maintained on record and enforced for protection of privileged information for current and prospective certificants.
2. The certification program must identify all authorized personnel with access to confidential examination, applicant, candidate, or certificant information.
3. Applicant, candidate, and certificant privacy must be maintained and any records policies that are established must protect confidential information of the individual.
4. Personnel with access to confidential examination items must be restricted from eligibility for the examination or developing or delivering preparatory courses or materials for a reasonable period after access has ended.
5. Access to individual records must be restricted to the applicant, candidate, certificant, or authorized personnel unless express written permission has been obtained to release any part of the information or a court order or other legal process requires the release of such information.

***Commentary:***

1. Information related to the certification examination, including but not limited to the examination the detailed job analysis report (as opposed to a summary of the job analysis, which must be publicly available), candidate information, proposed or selected examination items, confidential examination administration information, confidential examination construction information, item-level psychometric information related to the examination (other than aggregate examination results, which must be made publicly available), and the like may be considered to be the confidential and proprietary information of the certification program. However, although not required, a program may choose to make its detailed job analysis report available to stakeholders without violating this standard.
2. Written confidentiality agreements should be signed by all persons having access to examination information of any kind, including but not limited to the program’s board members, staff, volunteers, committee members, SMEs, vendors, proctors, and the candidates themselves. These confidentiality agreements should contain covenants protecting the secrecy of such information by containing an express agreement as to the confidentiality of such examination information and an express agreement as to the nondisclosure of any such confidential examination information by the person executing the agreement.
3. Any individual with access to the examination items, including staff, board members, SMEs, and consultants, should not be allowed to sit for the examination or provide training to prepare for the examination for a justifiable period after they no longer have such access, unless their access to examination items is very limited within a robust item bank. This period will depend on the extent to which the individual had access to the item bank and may also depend on examination update criteria, such as frequency of updating the examination items, the size of the item bank, and the number of examination forms.
4. Policies or other documentation that includes provisions for confidentiality may be provided as evidence to demonstrate compliance with this standard, such as vendor/consultant contracts, proctor manuals, and staff and volunteer confidentiality forms.

## Standard 11: Conflict of Interest

**The certification program must demonstrate that policies and procedures are established and applied**

**to avoid conflicts of interest for all personnel involved in certification decisions or examination development, implementation, maintenance, delivery, and revision.**

***Essential Elements:***

1. The certification program must have a record of and enforce signed conflict-of-interest agreements with all personnel involved in certification decisions or examination development, implementation, maintenance, delivery, and revision. The certification program must identify who may serve as a proctor, examiner, or judge for any examinations, and documentation must specify the rules and conditions for serving in these capacities.
2. The certification program must have and enforce policies and procedures for recusing related personnel from certain tasks, discussions, or decisions if there is a conflict of interest in a particular circumstance but not in their overall capacity to serve.

***Commentary:***

1. Proctors, judges, and examiners should not have a vested interest (either clear, potential, or perceived) in the outcome of any examination. Therefore, they are considered third-party professionals, who have signed confidentiality and conflict of interest agreements.
2. There may not be a disqualifying conflict of interest (either clear, potential, or perceived) in an individual’s overall capacity to serve, but limited situations may arise where that individual’s participation may raise concerns about a potential conflict of interest. In these situations, the organization should follow policies and procedures to recuse the individual from part or all of the discussion or vote.
3. Suggested evidence includes sample conflict of interest agreements, policies and procedures,

proctor manuals, bylaws, and employee and operations manuals.

## Standard 12: Security

**The certification program must establish, apply, and periodically review policies and procedures for the secure retention of candidate and examination information.**

***Essential Elements:***

1. The certification program must have policies and procedures that address the secure maintenance of all applicant, candidate, and certificant personal information, applications, and scores.
2. The certification program’s policies and procedures must have provisions for secure methods for examination development and maintenance, including item security and examination security.

***Commentary:***

1. Certification programs are responsible for protecting the integrity of examination information. This responsibility requires a security program that restricts access to examination information to authorized personnel.
2. Suggested evidence includes policy and procedure manuals and signed confidentiality and conflict of interest agreements.

## Standard 13: Panel Composition

**The certification program must use panels of qualified subject-matter experts (SMEs) to participate in job analysis, item development, standard setting, scoring, and other examination-related activities.**

***Essential Elements:***

1. Each panel must represent the relevant characteristics of the population to be certified as the program defines them. The certification program must document information about the qualifications of all panel members.
2. The process of recruitment and involvement of SMEs must prevent the undue or disproportionate influence of any individual or group.
3. The certification program must document the responsibilities entrusted to panels and panelists.
4. Documentation of panel meetings must include decisions and recommendations of panelists.

***Commentary:***

1. A system of terms of service that includes a rotation schedule for panel membership is a useful means of ensuring broad input into the examination program.
2. The members of each panel should be provided with information regarding the purpose of the examination, the role and expectations of the panel, the rules governing panelists’ participation, and a general description of the activities in which they will be involved.
3. Most SMEs should be certified in the discipline and/or actively practicing; however, individuals who are qualified in other disciplines may serve as panelists. SMEs’ levels of experience and knowledge should be congruent with the activity in which they are engaged. Examples include newly certified individuals, supervisors, faculty, and regulators.
4. Individuals may serve on more than one panel, and they may serve for several years; however, certification programs should ensure that there is fair opportunity for a broad range of SMEs to participate over time.
5. Suggested evidence to document that the Standard has been met may include the following: procedures and requirements for the selection of qualified individuals for the panels; lists of panelists along with their key characteristics related to the purpose of the panel on which they are serving, and panel meeting minutes.

## Standard 14: Job Analysis

**The certification program must have a study that defines and analyzes descriptions of job-related elements linked to the purpose of the credential.**

***Essential Elements:***

1. The job analysis must leadto clearly delineated job-related elements (e.g., domains; tasks; competencies; knowledge, skills, and abilities) that characterize proficient performance.
2. A job analysis must be conducted in accordance with sound psychometric practice. If a validation survey is not conducted, sufficient justification for relying only on non-quantitative data must be provided.
3. The report of the job analysis must describe the methods, results, and outcomes of the job analysis study, including supporting documentation for each element and sufficient information to justify the study's findings and conclusions. A summary of the study must be publicly available.
4. A job analysis must be conducted frequently enough to ensure that the content specifications accurately reflect current practice.

***Commentary:***

1. Multiple methods exist to define job-related elements. These methods may be referred to as task analysis, practice analysis, job task analysis, role delineation study, competency modeling, or another term. Appropriate strategies may include the following:
	* + use of committees of qualified subject-matter experts (SMEs) representing key professional characteristics;
		+ review of related practice-or job-based information, or a review of information from a previous study;
		+ collection of information using logs, observations of practice, interviews, and/or focus panels;
		+ review of curricula and training materials; and
		+ other recognized methods.

The certification program should document the methods by which it defines job-related elements and its rationale for selecting these processes and methods.

1. Validation of the delineated job-related elements is typically accomplished by surveying current certificants and/or a representative sample of the population that is the intended target audience for the certification.
2. Validation surveys should include rating scales specifically selected and tailored as necessary to assess the critical job-related elements to be examined.
3. The population from which the sample is drawn should be defined, justified, and related to the purpose of the credential. The sample size and methods by which it is drawn should be psychometrically defensible.
4. Analysis of survey ratings data should determine how and to what degree the job-related elements relate to the purpose of the credential. A description of the criteria that determine how ratings data are used to assess the validity of the job-related elements should be provided. The rationale for any departures from empirical data should be documented.
5. Analysis of the demographic and professional characteristics of the survey respondents should validate that respondents are representative of the diversity of the population as defined by the program. Certification programs should identify any patterns in responses based on respondent characteristics that differ substantially from the known characteristics of the population. They should also describe the methods used to mitigate the effects of such findings (e.g., weighting of results, subgroup comparisons).
6. Certification programs should ensure that the job analysis is current. Although there is no definitive rule about how often a review or analysis should be conducted, each certification program should establish its own policy, procedure, time frame, and rationale underlying these decisions. As a general guideline, a job analysis should be conducted every five years. However, for fast-changing professions, occupations, roles, or specialty areas, an analysis every one to three years may be more appropriate. Similarly, when content is not expected to change rapidly, certification programs may find it appropriate to wait as long as seven to eight years between job analyses. Regardless of the frequency of job analyses, programs should have an ongoing mechanism in place to periodically review and confirm relevance of content specifications.
7. Evidence that the Standard has been met should include a report describing the job analysis method and results. This report may include the following items:
	* + a description of the background and experience of subject-matter experts and professionals who participated in various phases of the job analysis;
		+ identification of the psychometric consultants or organization used to conduct the job analysis or important phases of it;
		+ a description of methods used to delineate job-related elements;
		+ a description of the survey sampling plan and its rationale;
		+ documentation of survey results, including return rate, analysis of ratings data, algorithms, or other psychometric methods used to analyze or combine ratings data;
		+ documentation of demographic and professional characteristics of survey respondents and rationale supporting representativeness of survey findings;
		+ a copy of the job survey(s); and
		+ date range or year of the study.
8. The complete report may be considered a confidential document. However, in these cases, programs should make a summary of the study publicly available.

## Standard 15: Examination Specifications

**The certification program must establish specifications that describe what the examination is intended to measure as well as the design of the examination and requirements for its standardization and use, consistent with the stated objectives of the certification program.**

***Essential Elements:***

1. The examination specifications must clearly state the objective of the examination, including what the examination is intended to measure (e.g., cognitive knowledge, psychomotor skills, general competency) and the level of practice (e.g., entry, advanced, specialty, or as defined by the program) being measured.
2. Specifications must address the critical elements of the whole examination program along with clear rationales. Examination design considerations must be specified and explained clearly.
3. The plan for weighting sections of an examination must be based on a job analysis. The plan must provide precise direction regarding the weighting structure for each section.

***Commentary:***

1. The stated objective may include references to practice level (e.g. entry, advanced, or specialty). The type of items to be used and the scoring of those items should align with the objective.
2. Essential examination design considerations should be described in the specifications for the examination, including the following items, which the certification program may explain in detail in relation to other psychometric standards:
	* + the method for scoring candidates’ responses;
		+ the method for establishing the passing standard and for assessing the accuracy of scores and the decisions made on the basis of scores;
		+ methods for ensuring equivalence among forms of the examination; and
		+ procedures intended to ensure that forms of the examination that are developed over time continue to assess relevant competencies in light of changes that may occur in the profession.
3. Specifications should describe the method for the assembly of items into forms of the examination. When examinations are subdivided into sections based on constructs being assessed and item types used, programs should describe the relative weight for each section, and the explanation should be supported by a rationale from the job analysis. Other features of each form of an examination that should be specified include the following:
	* examination length;
	* administration time;
	* the number and/or proportion of scored and non-scored (pretest) items, if any; and
	* the number and/or proportion of new and used items.
4. Because a typical goal of examination assembly is the production of an equivalent challenge for candidates of equal proficiency across multiple forms, precise specifications are expected. Any latitude permitted in the assembly and/or scoring of new forms, which should also be defined, should support the conclusion that each candidate was assessed on the same content.
5. Suggested evidence to document that the Standard has been met is an examination specifications document that presents the objective for the examination, a description of the target audience for the examination, a description of the construct(s) and item types to be used, the weighted content outline, expectations for the assembly of the examination, examination administration requirements, and a general description of the plan for scoring and equating the examination and for conducting the psychometric analysis.

## Standard 16: Examination Content Development

**Certification examinations must be developed according to established specifications and sound psychometric principles and practices.**

***Essential Elements:***

1. Programs must use and document a systematic process for developing items to ensure that examination content is accurate, current, and appropriate for the target population.
2. Programs must use and document a systematic process for creating examination forms to ensure the comparability and integrity of the content.
	* Each form must adhere to established examination specifications, including content and specifications consistent with the equating model requirements.
	* New forms must be assembled and published frequently enough to ensure examination content is accurate and current, and to control for item exposure.
	* Forms adapted from one language to another must be designed and evaluated to ensure equivalence.
3. When the nomenclature used to classify items (e.g., content outline) changes, programs must use and document a systematic process to update item classifications as needed.
4. Programs that include a performance examination must employ rigorous content development methods, including any associated scoring rubrics or algorithms.

***Commentary:***

1. Demonstrating that (1) each item links to the content outline and (2) each form is assembled to conform to the examination specifications are necessary to ensure confidence about the validity of each result. The number of forms created, frequency of form revision, and degree of overlap of items among forms should be based on the currency of content and potential item overexposure.
2. Evidence of alignment to examination specifications for different examination formats (e.g., performance, simulation, multiple-choice) may vary. For example, evidence for performance-based tests may be the classification of prompts and elements of a scoring rubric, while evidence for multiple-choice examinations may be the number of items in each category.
3. Evidence of steps of the examination development process may include but are not limited to the following:
	* training of subject-matter experts (SMEs);
	* developing items;
	* reviewing for accuracy, currency, and relevance of examination items and scoring rubrics, and conformity to the purpose of the examination;
	* using empirical item performance data to inform decisions related to the development, use, evaluation, and revision of items;
	* assembling new examination forms by selecting items, revising items when appropriate, evaluating and refining scoring rubrics (for subjectively scored examinations), and adhering to examination specifications; and
	* documenting the development and assembly process for forms of an examination, including forms that were adapted to another language.
4. In some cases, a form may not meet specifications (e.g., when items are deleted following preliminary item analysis during key validation). In those cases, procedures used to decide how the results will be treated should be documented.

**Standard 17: Setting and Maintaining Passing Standards**

**A certification program must establish a passing standard that relates performance on the examination to the level of proficiency required for certification. In addition, the program must use psychometrically defensible methods to help ensure that candidates are held to the same performance standard.**

***Essential Elements:***

1. The procedures used to establish performance standards must be based on generally accepted psychometric principles consistent with the purpose of the examination and item format(s) used.
2. The certification program must document the standard setting process in sufficient detail to allow for replication. The documentation must include descriptions of the procedures and results. If the documentation is considered confidential, the organization must make a general description of the methods used in setting standards publicly available.
3. The certification program must evaluate standards of proficiency frequently enough to reflect current practice.
4. Statistical equating or other psychometrically sound procedures must be used to hold candidates to the same performance standard across forms.

***Commentary:***

1. Multiple methods exist for standard setting. Appropriate strategies include a review of content and/or empirical data. Content-based methods may use subject-matter experts (SMEs) to make judgments about an intact form, a representative sample of examination items, or candidates’ completed examinations. Empirical methods use differences in candidate group performance and/or the performance of candidates on other measures linked to relevant standards of proficiency to establish performance standards.
2. The panelists for standard setting should be provided with information and training regarding the purpose of the assessment, a conceptual description of the standard of proficiency, eligibility criteria, and how to apply standard-setting process(es) to be used. Panelists should be trained in the interpretation of any statistics that are shown to help make judgments. Panelists should generally be informed that they will make a standard-setting recommendation to the governing body or other policymakers who have the authority to establish it.
3. The certification organization should examine the performance standard whenever significant specification changes occur for an examination. Standard setting should be conducted following completion of each job analysis study but can be conducted more frequently to support programmatic requirements.
4. The equating procedures should be as rigorous as allowed by candidate volume, item type, and the established construct for the examination. A program should document the procedures used to ensure equivalence of forms and/or scores. The use of standard-setting procedures in place of equating procedures is generally not acceptable. If the program does not equate scores or forms, a sound rationale should be provided.
5. In the unplanned instance in which the examination specifications have not been met, for example, if items are determined to be flawed during key validation, the procedures used to score individuals and make pass/fail decisions should be documented.
6. The program should document the equating procedures with a description that includes the following:
* the examination forms being equated;
* the rationale for the equating method (e.g. common items, common people, random groups) including the number of items and candidates that are expected; and
* whether the equating result is based on classical test theory or item response theory.
1. Suggested evidence to document that the Standard has been met includes a standard-setting report that addresses the following, as appropriate:
	* the rationale for panel composition;
	* qualifications of the psychometric consultants or organization designing and implementing the process;
	* a conceptual description of the level of proficiency required for certification;
	* data-collection activities and procedures;
	* analysis of the results of the standard-setting study;
	* standard-setting recommendations as developed by the panel;
	* any adjustment made to the standard-setting recommendation by a governing body or policy group;
	* the effective date of the standard; and
	* if available, the resulting pass rate.

## Standard 18: Examination Administration

**The certification program must adhere to its policies and procedures for each method of examination administration. Policies and procedures must ensure that all candidates take the examination under comparable conditions, safeguard the confidentiality of examination content, and address security at every stage of the process.**

***Essential Elements:***

1. Examinations must be administered using secure and confidential protocols that restrict access to examination content to authorized individuals throughout examination storage, conveyance, administration, and disposal. Program policies must hold examinees accountable for behavior before, during, and after examination administration.
2. To ensure comparable conditions for all candidates, the program must document and follow standardized examination administration procedures, including verification of candidate identity, regardless of the examination delivery or proctoring method. The program must establish and document the expectations for examination administration personnel.
3. Qualified proctors must administer the examination. The program must ensure that proctors:
	* receive adequate training,
	* manage irregularities and document details as needed by the investigation that will follow,
	* ensure that approved accommodations are provided, and
	* abide by administration procedures provided by the program.

***Commentary:***

1. Thorough security protocols can reduce construct-irrelevant variance in scores. Security policies and nondisclosure agreements should be enforced and documented for every party participating in the examination administration process. The certification program is responsible for and should monitor the administration of its examination, whether administered through certification program staff, volunteers, or a vendor.
2. Administration sites should provide comparable conditions, such as adequate lighting, comfortable seating, and a quiet environment free from distractions, to ensure examinees have a fair opportunity to demonstrate their knowledge, skills, and ability. Working space should be appropriate, and spacing between examinees or workstation divider requirements should be designed to minimize cheating opportunities.
3. The program should take appropriate actions to address current and foreseeable problems in examination administration and security policies and procedures to ensure fairness and guard against breaches.
4. The program should regularly monitor examination administration information (e.g., irregularities, candidate data, item performance) to verify examination security. When appropriate, corrective actions should be taken and documented.
5. Suggested evidence to document that the Standard has been met may include the following:
* candidate handbook or similar document;
* examination administration manual;
* quality-control policy and procedure documents;
* security procedures manual;
* test security plan; and
* nondisclosure agreements (NDAs).

## Standard 19: Score Reporting

**The certification program must employ and document sound psychometric procedures for scoring, interpreting, and reporting examination results.**

***Essential Elements:***

1. The certification program must compute scores in a manner that is appropriate, given the design and format of the examination and the purpose of the certification.
2. For performance examinations, the certification program must minimize the degree to which candidates’ scores may be affected by having a particular rater or performance task.
3. The certification program must document the procedures used in scoring, interpreting, and reporting examination results*.*
4. The certification program must provide all candidates with information on their overall performance on an examination.
5. If the program provides feedback to candidates such as domain-level information, candidates must be provided guidance about limitations in interpreting and using that feedback.
6. The certification program must provide each failing candidate with information about their performance in relation to the passing standard.

***Commentary:***

1. Certification programs should establish and describe quality-control procedures for monitoring the accuracy of calculations used to produce scores and the conversion of raw scores to standardized, equated, or scaled scores. The organization should clearly document the weighting of items or tasks. The scale on which scores are reported should support interpretations that are consistent with the purpose of the examination.
2. For performance and other examinations where responses are scored by judgment, developers should document methods for developing scoring rubrics, judging responses, reducing rater bias, and increasing inter-rater agreement and consistency to ensure an acceptable level of consistency in scoring judgment-based items. If the performance component is scored without raters (e.g., computer scored), the program should demonstrate how successful performance was determined, how it is being evaluated accurately, and how it aligns to the skill being measured. Types of documentation to support these items may include the following:
	* + criteria used for selecting judges;
		+ a description of the materials and methods for training judges;
		+ evidence demonstrating that the primary source of variation in candidates’ scores comes from their performances, not rater or computer scoring error; and
		+ summaries and results of process, rater, or score audits or other technical controls to ensure that the candidates’ performances are the primary determinant of whether they pass or fail examinations.
3. The certification program should provide candidates with an explanation of the types of scores reported, appropriate uses, and potential misuses of reported score information. Information about performance in relation to the passing standard provided to failing candidates may be quantitative or qualitative. Feedback should be appropriate for the type of examination.
4. If domain-level information has low reliability, programs are advised against reporting it to candidates and other stakeholders. When domain-level or other specific feedback is given to candidates, the certification program should provide estimates of its precision and/or other guidance.
5. The certification program should ensure the fairness of the examination for all populations. If the program detects potential unfairness, it should take steps to understand its causes and, if possible, remedy it.
6. Suggested evidence to document that the Standard has been met may include descriptions of scoring procedures, training documents, and quality-control procedures, such as the following:
	* security procedures pertaining to scoring, reporting scores, and maintaining score records;
	* quality-control procedures pertaining to scoring, reporting scores, and maintaining score records (checklists, policies, narrative);
	* sample score reports for passing and failing candidates, including instructions on interpreting feedback that is provided;
	* policies, procedures, and supporting materials for scoring objectively scored examinations; and
	* policies, procedures, and supporting materials for judgment-based scoring (e.g., procedures, required number of judges, development of and training on scoring rubrics).

## Standard 20: Evaluation of Items and Examinations

**The certification program must evaluate items and examination forms to ensure that scores are sufficiently reliable for the decisions that are intended.**

***Essential Elements:***

1. Certification programs must evaluate item performances as well as calculate and report estimates of score reliability, decision consistency, and standard errors of measurement using methods that are appropriate for the characteristics of the examination.
2. Estimates of score reliability and decision consistency must be reasonable to support accurate pass/fail decisions. If the certification program makes pass/fail decisions based on subscores (i.e., the assessment is multiple-hurdle, or non-compensatory), the reliability of each subscore for which a pass/fail decision is rendered must be reasonable.
3. When examinations are adapted across languages, certification programs must demonstrate that results obtained from adapted and source versions are comparable.
4. For performance examinations, certification programs must demonstrate that results are equivalent across raters and performance tasks.

***Commentary:***

1. The selection of reliability statistics required for an examination depends on the type of assessment and the purpose of the scores. Programs should document the reliability estimate(s) and provide a rationale for the methods used. Examples of such methods could include inter-rater agreement, inter-rater consistency, agreement between computer scoring and raters for performance examinations, and/or internal consistency estimates.
2. If a program makes decisions using domain-level information, it should demonstrate that the reliability of that information is sufficient and provide a rationale for how it weights and uses domain-level information.
3. When candidate volumes are so small or there are other factors which lead to reliability estimates that are not meaningful, programs should describe the procedures used to demonstrate that the decisions made on the basis of scores are reasonable and fair.
4. There should be evidence that translated or adapted examinations are testing the same construct as in the original examination. Simple translation and back-translation are not adequate. When candidate volume is sufficient to permit the analysis, differential item functioning (DIF) studies should be used to demonstrate that the construct is equivalent across the two versions. A DIF study provides a test item statistic indicating the extent to which different groups of examinees at the same ability level have different frequencies of correct responses.
5. Examination evaluation information should include such things as item analysis, reliability, decision consistency, speededness, and candidate feedback. This evaluation should be conducted frequently enough to ensure integrity of examination results.
6. Suggested evidence to document that this Standard has been met includes the following:
	* reliability coefficients, overall standard error of measurement, information function, and/or other statistics pertaining to the consistency of scores;
	* indices of classification consistency, conditional standard errors of measurement, or other measures of score consistency at the cut score; and
	* information about how non-compensatory domain-level scores and other measures are evaluated and combined.

# Standard 21: Maintenance of Certification

**The certification program must require periodic recertification.**

***Essential Elements:***

1. The certification program must have a rationale for recertification requirements, and the rationale must address the purpose of recertification.
2. Certifications must be time-limited with a specified beginning and end date to the period of certification. The recertification period selected must be supported by a rationale that reflects how the relevant knowledge and skills for the certificants for the field may change over time.
3. The certification program must have a mechanism to verify that certificants have met the recertification requirements.
4. The certification program must make publicly available all recertification policies and procedures, including definitions and statements of purpose.

***Commentary:***

1. The recertification requirements can either measure and/or promote continuing competence.
2. Continuing competence may be defined differently than initial competence to account for an individual’s role changes over time. For example, the range of services provided by a certificant may narrow over time due to concentration in a specialized area of service and the certificant’s range of competence may narrow. Therefore, recertification requirements may be developed to accommodate for these changes.
3. The rationale for the recertification period should be based upon an estimation of the shelf life of the knowledge and/or skills fundamental to the certification as affected by knowledge degradation over time (e.g., forgetting) and the effects of technological change (e.g., obsolescence). Evidence regarding how quickly the required knowledge base changes (e.g. job analysis data) is an example of appropriate supporting evidence. Selection of a time period based solely upon convenience or historical precedent (i.e., “it has always been this way”) is not an evidence-based rationale.
4. If a program issues a limited-duration certification with a specified termination date and with no option for an individual to renew the certification beyond that date, the requirement of recertification does not apply.
5. Recertification requirements may differ for certificants who recently earned the certification as compared to certificants who earned the certification many years earlier. Different requirements may be the result of the need to balance the desire to advance requirements for the future of the profession with the need to maintain the contract made with earlier certificants.
6. If any certificants are exempted from current recertification requirements, the period during which such recertification exemptions were granted must have been terminated before the certification program applies for accreditation. Certificants who are exempted from current recertification requirements must be identified and their certification information made publicly available.
7. If a certification program allows certificants to select from among multiple recertification options, then the certification program should document how each option links to the common goal of continuing competence.
8. If continuing education (CE) is the recertification requirement, then the certification program should address the typical limitations of CE (e.g., self-selected CE, focus on convenience and cost over need, points-oriented rather than learning-oriented, commercial or sponsorship bias) and document how it evaluates whether the CE activities support continuing competence (e.g., quality and relevance of content, effectiveness of delivery method).
9. If an examination is the recertification requirement, then the certification program should document that the examination meets the psychometric quality criteria of the *NCCA Standards*, including reliability and validity evidence, and how the examination supports continuing competence.
10. If self-assessment is the recertification requirement, then the certification program should describe how it addresses the typical limitations of self-assessment (e.g., lack of objectivity) and how the certification program translates the results of the self-assessment to a verifiable professional development plan.
11. If third-party assessment is the recertification requirement, then the certification program should document that the assessment mechanism serves its intended purpose and how the assessment supports continuing competence.
12. If portfolio review is the recertification requirement, then the certification program should document the criteria for portfolio development and evaluation as well as the linkage to continuing competence.
13. If certificants self-attest to compliance with the recertification requirements, then an audit process that selects a sample of all certificants and verifies their documentation of compliance is an example of an acceptable recertification mechanism.
14. If the certification program uses a sampling audit model, the program should provide the rationale for the percentage of certificants audited as well as a description of the audit process itself.
15. Forms of evidence supporting compliance with this standard could include the following:
	* policies that specify that all certificants are required to comply with recertification requirements;
	* policies and procedures that specify the consequences for certificants who do not meet recertification requirements within the specified period; and
	* policies and procedures explaining the process for regaining certification discontinued for noncompliance with recertification requirements.

## Standard 22: Quality Assurance

**The certification program must have a quality-assurance program that provides for the consistent application and periodic review of policies and procedures.**

***Essential Elements:***

1. Programs must implement quality assurance policies and procedures that promote the delivery of the certification program’s activities as intended and identify opportunities for improvement.
2. Monitoring processes must be in place to identify errors or irregularities found in the program’s certification activities, including examination development, administration, and scoring. Errors and appropriate corrective and preventative actions must be documented.
3. The program must document the regular review of all certification program policies and procedures.

***Commentary:***

1. Policies and procedures should demonstrate and verify how the program manages and improves the quality of the certification program’s activities.
2. The certification program should document and retain sufficient records of certification program activities to show evidence of compliance with quality assurance policies and procedures (e.g., errors found in applications, financial records, appeals, governance documents).
3. Monitoring certification activities may include auditing and tracking issues, anomalies, errors, complaints, and appeals.
4. The certification program should have processes to monitor ongoing compliance with examination administration and security procedures, including oversight of outsourced activities.
5. Handling of errors involves both prevention of the error and correction of errors discovered after program activities are implemented.Errors may occur in any certification activities such as the following:
* application processing;
* examination development, publication, delivery, and scoring;
* records related to certification activities; and
* financial management.
1. The policies and procedures pertaining to the evaluation of the certification examination should indicate which quality indicators the certification organization uses and how it makes decisions regarding recommendations for improvement. Policies and procedures should identify the parties who have primary responsibility for monitoring examination quality and making recommendations for improvement.
2. Suggested evidence may include documentation such as the following:
* quality-assurance policies and procedures;
* meeting minutes;
* calendars or schedules;
* audit reports;
* standard operating procedures;
* flow charts;
* error reports;
* change requests;
* candidate's guides;
* certification processes; and
* training materials/logs.

## Standard 23: Maintaining Accreditation

**The certification program must demonstrate continued compliance to maintain accreditation.**

***Essential Elements:***

1. The certification program must annually complete and submit information requested of the certification organization and its programs for the previous reporting year.
2. The certification program must submit any information that the Commission may require to investigate allegations of lack of compliance with NCCA Standards. The Commission reserves the right to conduct an audit to verify the integrity of the information submitted.
3. The certification program must notify the Commission in writing prior to making any material changes in the program.

***Commentary:***

1. Changes that are considered routine operations may be reported through the NCCA annual report process.
2. Because a change could violate current standards, programs presenting material changes in writing to the Accreditation Services staff in the ICE office should wait to receive approval PRIOR to implementation. These changes may include, but are not limited to, major changes in any of the following:
* legal status or governance structure of the certification agency;
* purpose, scope, or activities of the certification program;
* purpose, scope, or objectives of any certification examinations;
* program name and/or designation; and
* examination development, administration and/or evaluation procedures.
1. The Commission reserves the right to investigate (whether onsite, virtually, or through a third party) if questions arise about the integrity of the information submitted or concerns are raised about compliance to any of the NCCA Standards, whether during the initial application review or throughout the five-year accreditation cycle.

## Glossary

**Please refer to the** [**Basic guide to credentialing terminology (2nd Edition, I.C.E. 2020)**](https://www.credentialingexcellence.org/p/cm/ld/fid%3D530%26blogaid%3D613)**.**